

# Watcher Criteria

A patient on an acute care unit who:

1. A clinical team member or caregiver is concerned may be at risk of deterioration over the next 24 hours, which may be evidenced by:
  - a. Clinician/family gut feeling
  - b. Concerning trends in objective clinical data
  - c. RRT/Code Team activation\*
  - d. Increasing urgency/acuity of clinical needs (i.e., suspected sepsis, etc.)

AND

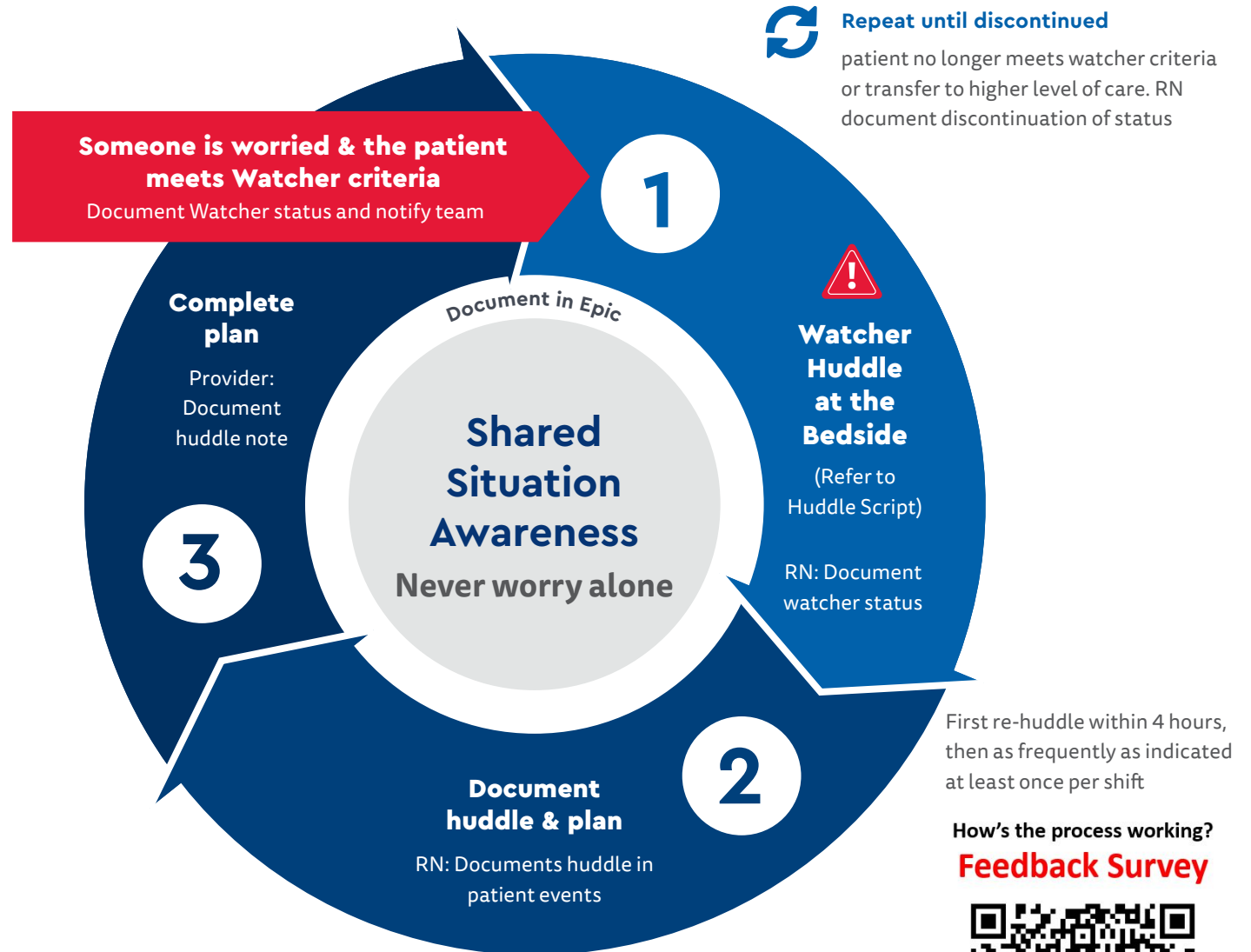
2. Does not need immediate RRT or Code Team activation

\*If the patient stays on the floor after RRT/Code, the team should complete a Watcher re-huddle within 4 hours. At that time, or anytime after, the team can discontinue the watcher status if indicated.

# Watcher Huddle Team

- Bedside RN
- First call provider
- Patient/family (with interpreter or interpretation service if needed)
- Assigned RT, If applicable
- Charge RN
- Supervising provider (resident, fellow, or attending)
- Charge RT, If applicable

# Watcher Process



# Watcher Huddle Script (Led by Charge RN)

1	<b>Introductions</b>	<ul style="list-style-type: none"> <li>• Ensure all necessary people are present (invite patient &amp; family to join as appropriate)             <ul style="list-style-type: none"> <li>- Minimum team who absolutely must be there: Bedside RN/Charge RN/1st Call Provider/ RT</li> </ul> </li> <li>• Name &amp; Role</li> <li>• <b>Follow-up huddle:</b> Is anyone still concerned about the clinical status of [patient name]? If “No”, wrap up huddle, complete documentation, and discontinue watcher status. (END PROCESS). If “YES”, then continue with script.</li> </ul>
2	<b>Goal of watcher huddle</b>	<ul style="list-style-type: none"> <li>• Thanks for coming to discuss concerns around [patient name’s] condition.</li> <li>• The goal of Watcher Huddles is for the clinical team and family to leave with shared situation awareness around concerns for patient’s current clinical status, care plan, and projected clinical course.</li> <li>• We want to ensure that no one is worrying alone.</li> </ul>
3	<b>Worry one-liner</b>	<ul style="list-style-type: none"> <li>• Person who initiated (team member/family) shares brief “worry one-liner”</li> <li>• <b>Follow-up huddle:</b> Review plan from prior huddle.</li> </ul>
4	<b>Shared awareness of concern</b>	<ul style="list-style-type: none"> <li>• Charge RN prompts discussion by sharing 3 questions below and then turns over to provider.             <ul style="list-style-type: none"> <li>- What is our assessment—what do we think is happening?</li> <li>- What else (diagnoses/labs/images/consultants) do we need to be evaluating or thinking about?</li> <li>- What else do we worry could happen?</li> </ul> </li> <li>• Initiate input from others after provider shares perspective</li> <li>• <b>Follow-up huddle:</b> What have we done and what was the response? Was it what we expected?</li> </ul>
5	<b>Plan of care</b>	<ul style="list-style-type: none"> <li>• <b>Follow-up huddle:</b> What other interventions should we consider?</li> <li>• What are our immediate action steps, interventions or monitoring needed, and how will we know if our care plan is working?</li> <li>• Projection: What specific criteria would prompt you to re-notify the Watcher Huddle Team/escalate?             <ul style="list-style-type: none"> <li>- If, _____ then re-notify the Watcher Huddle Team</li> <li>- If _____, then _____</li> </ul> </li> </ul>
6	<b>Watcher re-huddle</b>	<ul style="list-style-type: none"> <li>• Establish follow-up Watcher Huddle date/time: _____</li> <li>• Note: For any concerning changes in patient condition, you can always escalate to an RRT/Code</li> </ul>
7	<b>Repeat back the plan and confirm</b>	<ul style="list-style-type: none"> <li>• Do we all feel like we have heard the concerns about [patient name’s] condition?</li> <li>• Are we all clear on the plan of care and the plan for re-huddling?</li> <li>• Before we leave, is there anything else anyone wants to share?</li> </ul>

